

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS1212SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/27/2009
NAME OF PROVIDER OR SUPPLIER TORREY PINES CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1701 S. TORREY PINES DRIVE LAS VEGAS, NV 89146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation initiated in your facility on July 16, 2009 and finalized on July 27, 2009, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00022219 was substantiated with a deficiency cited. See Tag 470. Complaint #NV00022253 was substantiated in part with a deficiency cited. See Tag 470.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	Z 000		
Z470 SS=E	<p>NAC 449.74539 Physical Environment</p> <p>1. Provide a safe, functional, sanitary and comfortable environment for the patients in the facility, the members of its staff and members of the general public.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview the facility failed to provide a sanitary and comfortable environment for residents on the south wing as</p>	Z470		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z470	<p>Continued From page 1</p> <p>follows:</p> <ol style="list-style-type: none"> 1. Room 219: On the left side of the window a two feet by two feet area of the wall was covered by a patch of wallpaper. The patch was not totally adhered to the wall. A black substance was observed under the loose patch. The patch of wall paper did not match the wallpaper in room. The horizontal blind was dirty and had missing slats. 2. Rooms 209, 219, 216, 211, and 221: The floors under and adjacent to the baseboards were dirty. Dirt and debris was observed on the top edge of the baseboards and in the corners of the rooms and adjacent bathrooms. Some of the baseboards were rubber, some were tile, and some were linoleum with a metal cap. 3. Room 209: The light switch to the bathroom was on the opposite side of the room. One of the residents commented that the bathroom was dark and it was difficult to get to the light switch on the opposite side of the room. 4. South wing hallway: The carpet in the hallways of the south wing had many large stains. Observation of the doorways into the rooms revealed dirt and grime on the linoleum and especially along the metal strips and door jambs. <p>Severity 2 Scope 2</p>	Z470			

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